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**THE BREAST AND CERVICAL CANCER PROGRAM
(BCCP)
EFFICIENCY IMPROVEMENT PLAN**



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STATE DOCUMENTS

Breast and Cervical Cancer Program (BCCP) Efficiency Improvement Plan

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BREAST AND CERVICAL CANCER PROGRAM (BCCP)
EFFICIENCY IMPROVEMENT PLAN

The Breast and Cervical Cancer Program (BCCP) of South Carolina was implemented in October 1, 2001 due to the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) which allows states to provide full Medicaid benefits to uninsured women who are found in need of treatment for breast and cervical cancer or pre-cancerous lesions also known as CIN II/III or atypical hyperplasia.

The initial program executed in South Carolina is known as Option 1. Option 1 of the Breast and Cervical Cancer Program (BCCP) is limited to women, age 40-64, and must be screened through the South Carolina Breast and Cervical Cancer Early Detection Program (also known as the Best Chance Network). As of July 1, 2005, the program was extended to women under age sixty-five (65) who have been diagnosed and found in need of treatment for either breast or cervical cancer or pre-cancerous lesions, also known as Option 3 (SC Medicaid Policy and Procedures Manual, Chapter 501, p.2).¹ The applicant must meet the following criteria in order to be eligible under the Breast and Cervical Cancer Program (BCCP): Applicant must meet South Carolina state residency, citizenship and identity requirements; must not have other insurance coverage that would cover treatment for breast or cervical cancer or pre-cancerous lesions (CIN II/III or atypical hyperplasia); must be screened, diagnosed and found in need of treatment for either breast or cervical cancer or pre-cancerous lesions; must be under age 65 or from age 40-64 if screened via the Best Chance Network; and the applicant must not be eligible for another Medicaid eligibility group (SC Medicaid Policy and Procedures Manual, Chapter 501, p.3).

¹ Effective January 1, 2009, Option 3 of the Breast and Cervical Cancer Program has been eliminated due to budget cuts.

Current Application Processes

The Breast and Cervical Cancer Program (BCCP) applications are received from the applicants themselves, the Best Chance Network (BCN) providers and other Non-Best Chance Network providers via mail and/or facsimile to the Department of Health and Human Services (DHHS). All Breast and Cervical Cancer Program applications are processed (approved or denied) by the Division of Central Eligibility Processing (DCEP). The applications are date stamped by the Input/output mail unit and forwarded to the Program Assistant assigned to the Breast and Cervical Cancer Program (BCCP). The application is logged in and assigned a receipt number. The receipt number is used between the South Carolina Department of Health and Environmental Control (SCDHEC) and SCDHHS for the applicant's confidentiality according to the Health Information Portability and Accountability Act (HIPAA). The receipt number is written on top left corner of the application and then the application is entered in the Partners for Health Tracking System (PFHTS). The application is screened and evaluated for other full Medicaid programs and entered into pending status in the Medicaid Eligibility Determination System (MEDS). If additional information is needed to complete the application, a DHHS Form 1233-PFHTS pending letter is mailed giving the applicant twenty-one (21) days² to submit the information. If the needed information is not submitted in a timely manner, the application is denied. The Program Assistant completes a financial determination, which includes checking MEDS interfaces such as Bendex, SDX, Employment Security Commission (ESC), State Retirement, Unemployment Compensation Benefits (UCB) and all other resources available to the Department of Health and Human Services (i.e. Work Number). If the financial criteria are not met, the application is denied. If the application is incomplete or the applicant is potentially

² SC Medicaid Policy and Procedures changed effective 12/1/08 allowing ten (10) days to submit information.

eligible for another Medicaid category, the program assistant must request the additional information which is needed such as non-financial (i.e. citizenship and identity), giving the applicant an appropriate time frame to return the information. If the information is not returned by the appropriate time frame, the application is denied. If the financial and non-financial criteria are met, the application and the pathology report are faxed to the South Carolina Department of Health and Environmental Control (DHEC) Clinical staff. The SCDHEC clinical staff reviews the application and the pathology report to validate the accuracy of the clinical data and provide the diagnosis, the date of diagnosis for the application, and emails DHHS Program Assistant a recommendation to approve or deny the application based on their need for treatment or continued treatment of a breast or cervical cancer or pre-cancerous condition. The program assistant completes the application based on the recommendation and enters the decision in the Medicaid Eligibility Determination System (MEDS). The Medicaid Eligibility Determination System sends an automated letter notifying the applicant of the final decision (approval or denial). If an applicant is eligible, eligibility is reviewed annually for women with breast or cervical cancer and every six (6) months for pre-cancerous lesions.³

³ Effective January 1, 2009, women with pre-cancerous lesions are reviewed every four (4) months.

BREAST AND CERVICAL CANCER PROGRAM (BCCP) WORKFLOW PROCESS

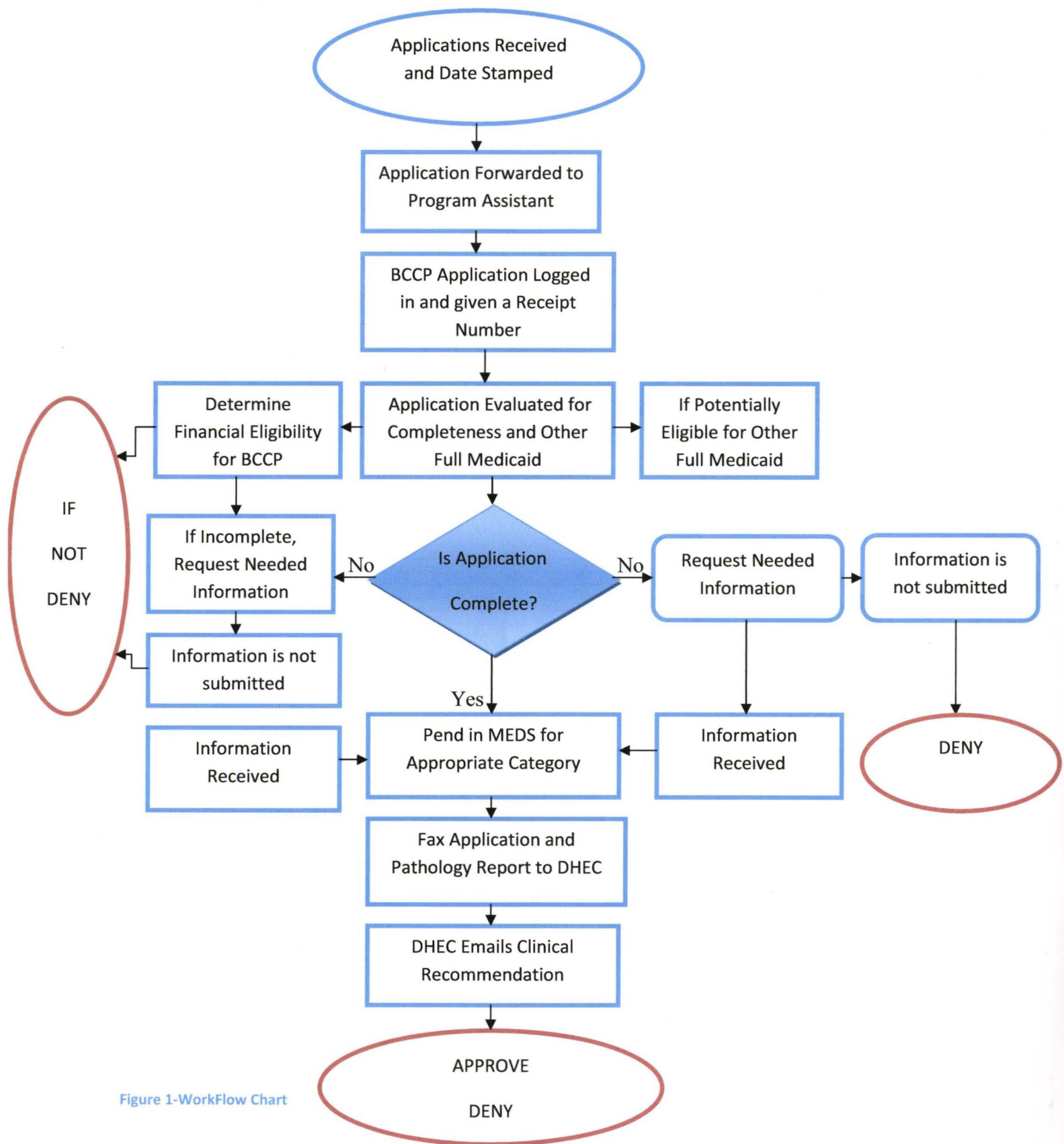


Figure 1-WorkFlow Chart

Problems and Issues

The Centers for Medicare and Medicaid Services (CMS) federal rules require that applications be approved or denied, and the applicant notified of the decision within forty-five (45) days from the effective date of the application (SC Medicaid Policy and Procedures Manual, Chapter 101, p.22). In the past four (4) years, the volume of breast and cervical cancer program applications, Medicaid eligible, and re-determinations has increased significantly. Currently, the breast and cervical cancer program applications and re-determinations are not processed in a timely manner, which generates a delay in medical treatment and services to the applicants. In July 2004, there were a total of 122 active BCCP cases versus a total of 836 in October 2008. The chart below shows the steady increase of BCCP Active Cases through October 2008.

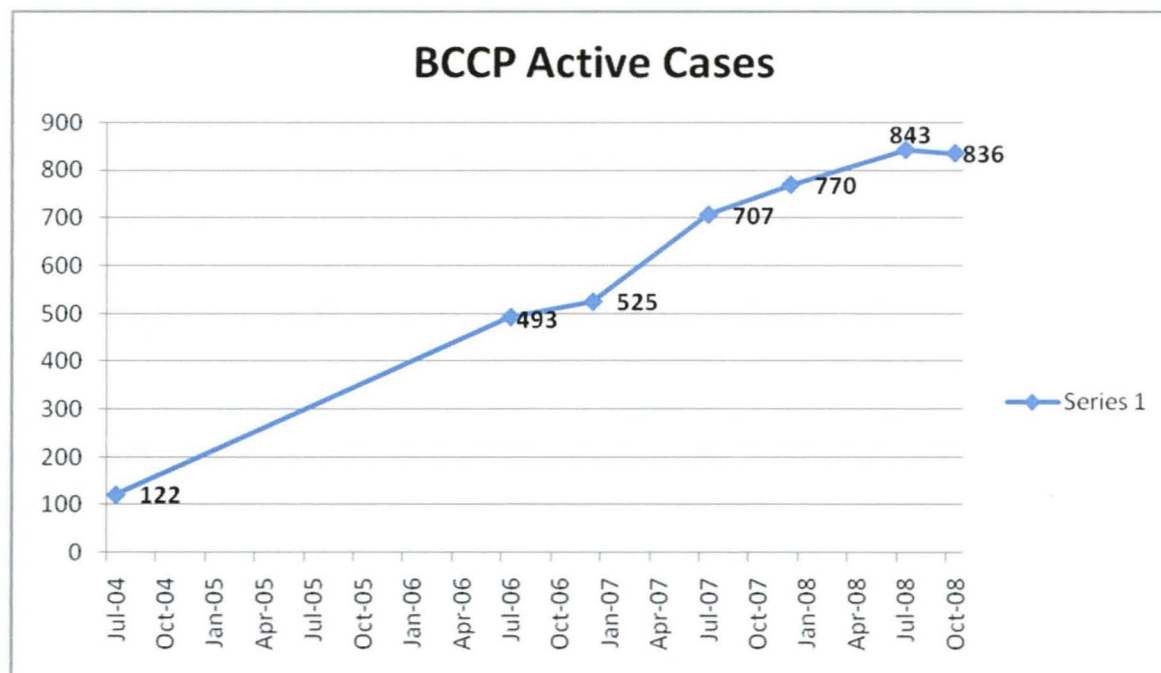


Figure 2-Active Caseload from July 2004 through October 2008

The Program Assistant duties and responsibilities increased over the same time frame which included processing the BCCP applications, re-determinations, and maintenance of these cases. In addition to maintaining focus on the Breast and Cervical Cancer Program (BCCP), the Program Assistant was responsible for analyzing and reviewing all determinations and re-determinations of Other Full Medicaid Programs, such as Family Independence (FI) related cases, to ensure accuracy and adherence to SC Medicaid Policy and Procedures for eight (8) eligibility workers; preparing accurate and timely reports for Supervisory review; providing technical assistance and support to staff; providing assistance to the eligibility Supervisor in planning, assigning, and implementing work for the program as well as coordinating and participating in quarterly meetings with the Department of Health and Environmental Control (DHEC), American Cancer Society (ACS), and departments within the agency; and preparing appeal summaries within the time frame established for fair hearings and representing the agency at these proceedings.

The data collected for this project is from January 2008 through October 2008 via the SC Department of Health and Human Services (DHHS) monthly Query reports; the Division of Central Eligibility Processing Input/output reports; and the Partners for Health Tracking System (PFHTS). Each of these sources provides specific data important to the project. The Query Reports captures information entered in the Medicaid Eligibility Determination System (MEDS) for the month. This includes the number of applications placed in pending status; the number of applications approved or denied; the length of time applications have been pending, which shows the number of applications pending over the federal guidelines of forty-five days; and the program assistant's average processing time for each category of Medicaid assistance. The Division of Central Eligibility Processing Input/output report captures the number of breast and

cervical cancer program applications received daily and compiled on a weekly report to the Division Director. The Partners for Health Tracking System (PFHTS) captures the progression of the application process such as the date and actual information requested from the applicant, the date the application and pathology report was faxed to the Department of Health and Environmental Control (DHEC), date the applicant submitted the information, and the disposition of the application (approved or denied); as well as the applicant's contact information. For each month evaluated, we researched all pending breast and cervical cancer program cases that were overdue based on the Centers for Medicare and Medicaid Services (CMS) federal rules. Federal rules require that applications be approved or denied, and the applicant notified of the decision within forty-five (45) days from the effective date of the application. The date of application is counted as the first day of the 45-day count (SC Medicaid Policy and Procedures Manual, Chapter 101, p.22). The research identifies four (4) major areas and /or reasons for delay in the application process and the frequency of the problems. The four (4) reasons of delay are as follows: Applicant failed to submit the needed information to allow the application to be processed within the 45 days; the applicant is potentially eligible for another Medicaid eligibility group; Department of Health and Environmental Control (DHEC) delay in providing a clinical diagnosis; and the Program Assistant's delay in processing the application timely. Generally, seventy-five (75) percent of the overdue applications were attributable to the applicant's failure to submit the needed information to allow the application to be processed. However, the program assistant is responsible for maintaining and upholding the federal standard requiring an application to be approved or denied within 45 days from the effective date of the application.

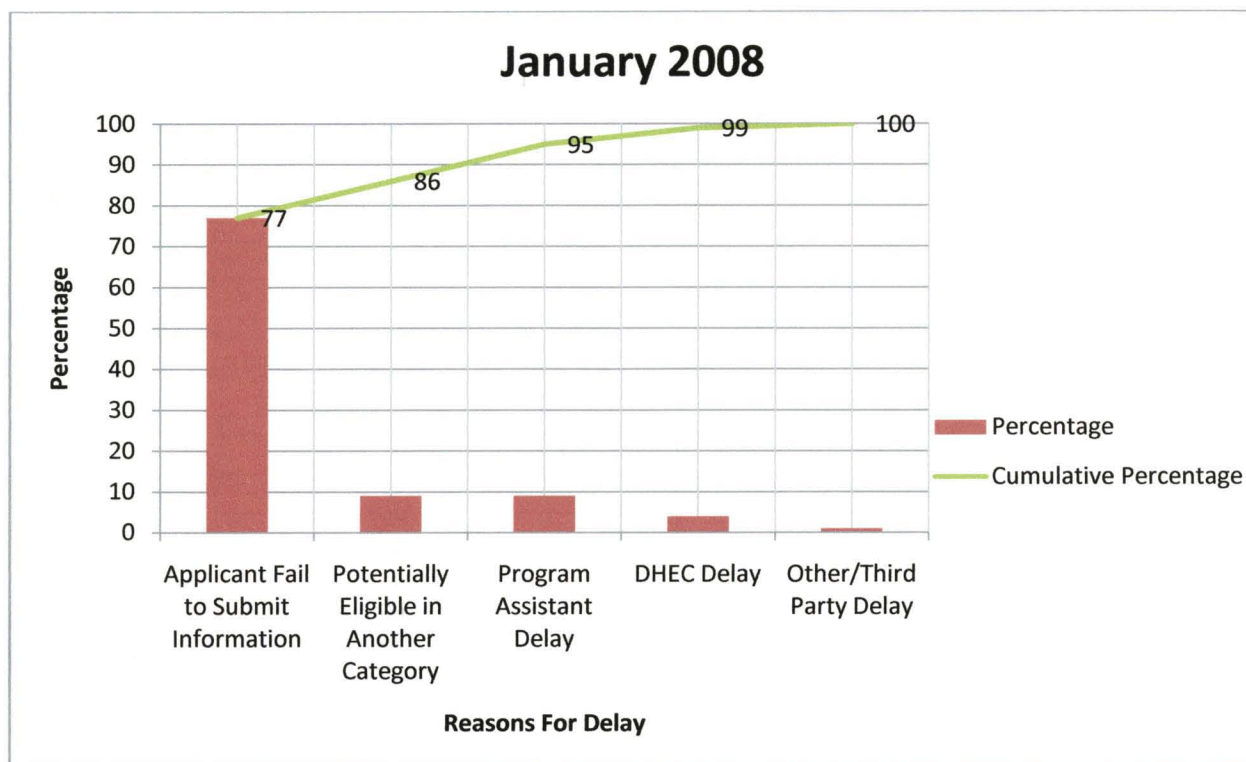


Figure 3-January 2008

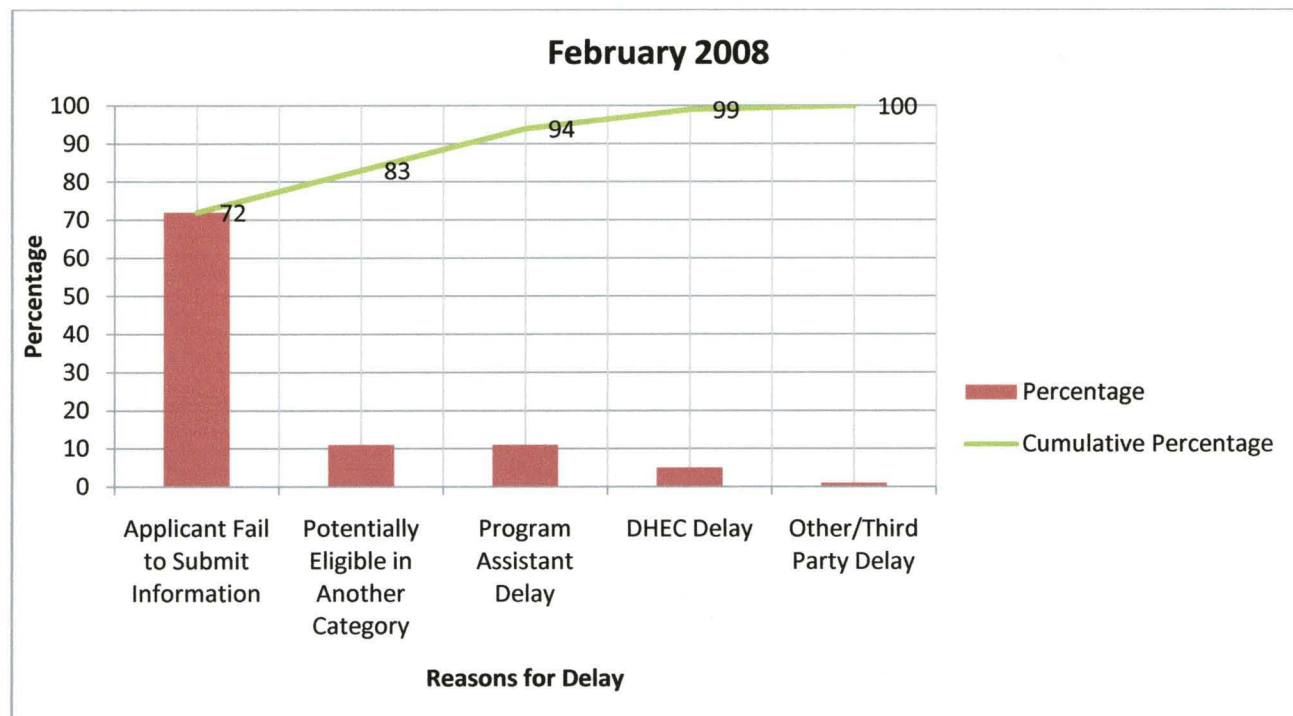


Figure 4-February 2008

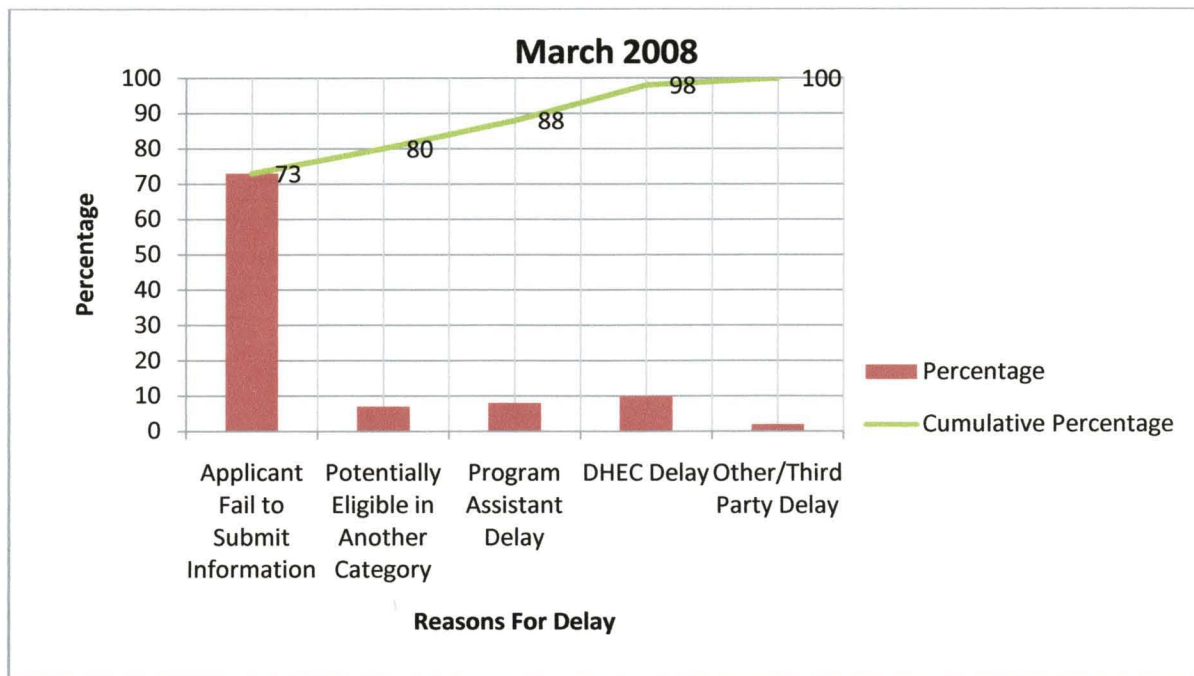


Figure 5-March 2008

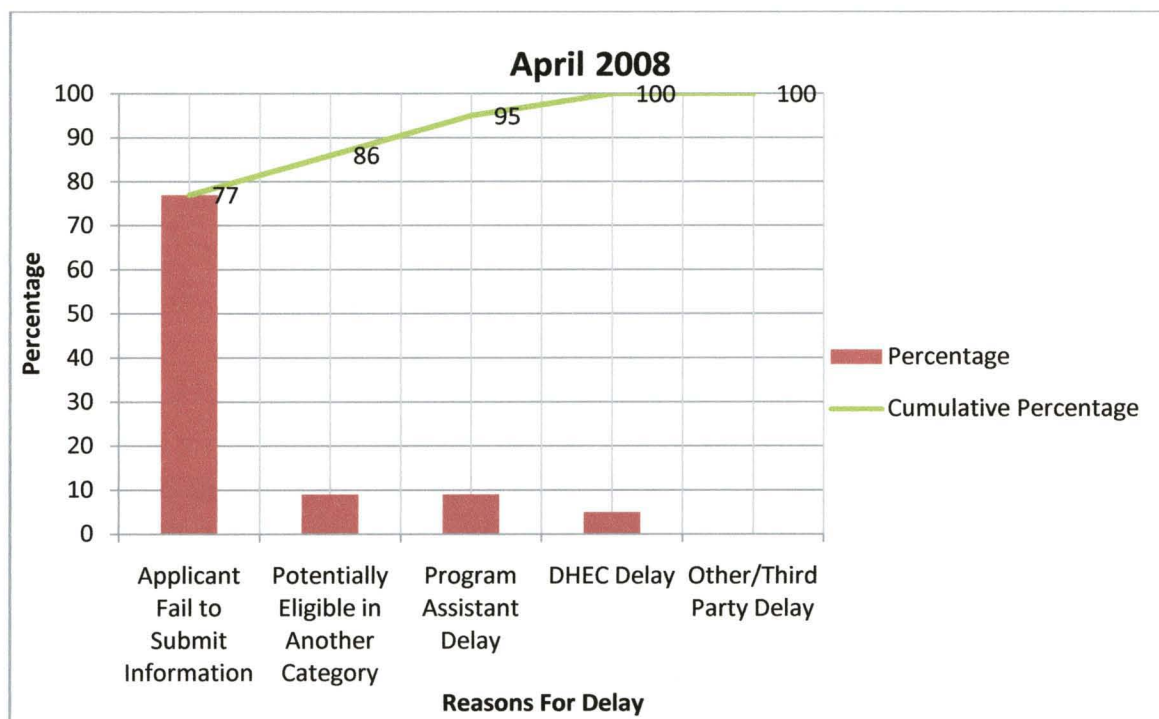


Figure 6-April 2008

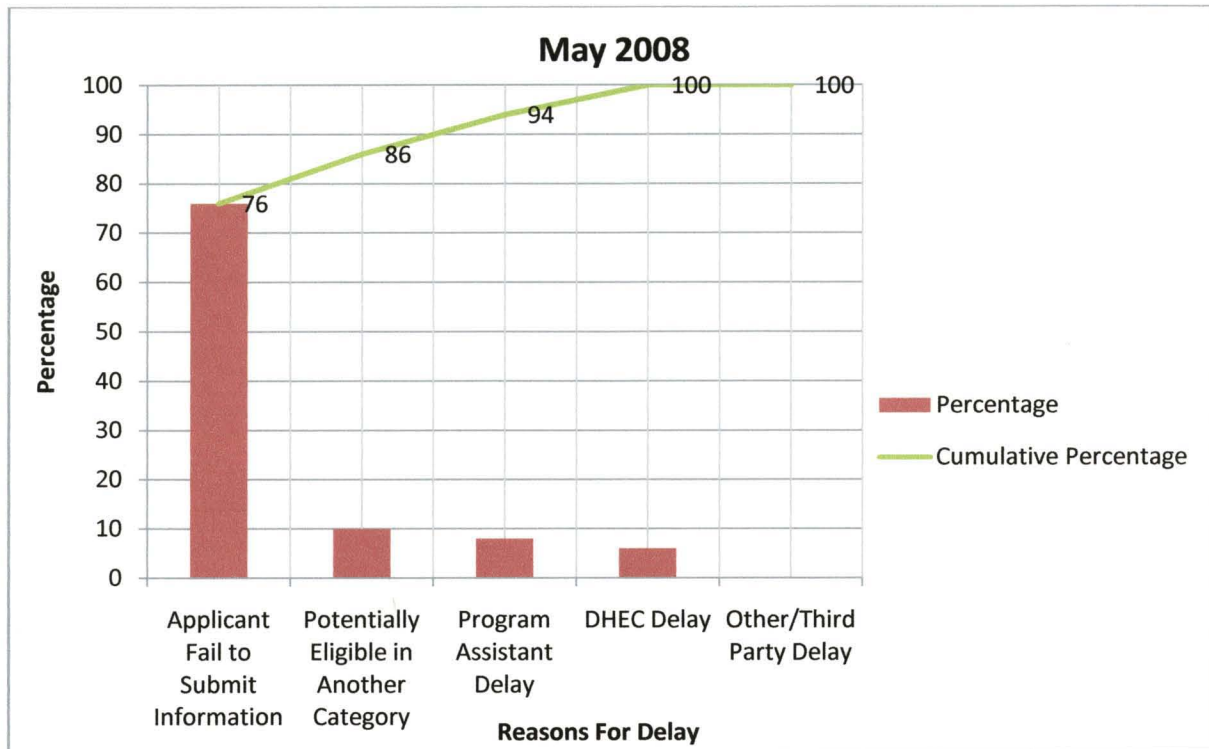


Figure 7-May 2008

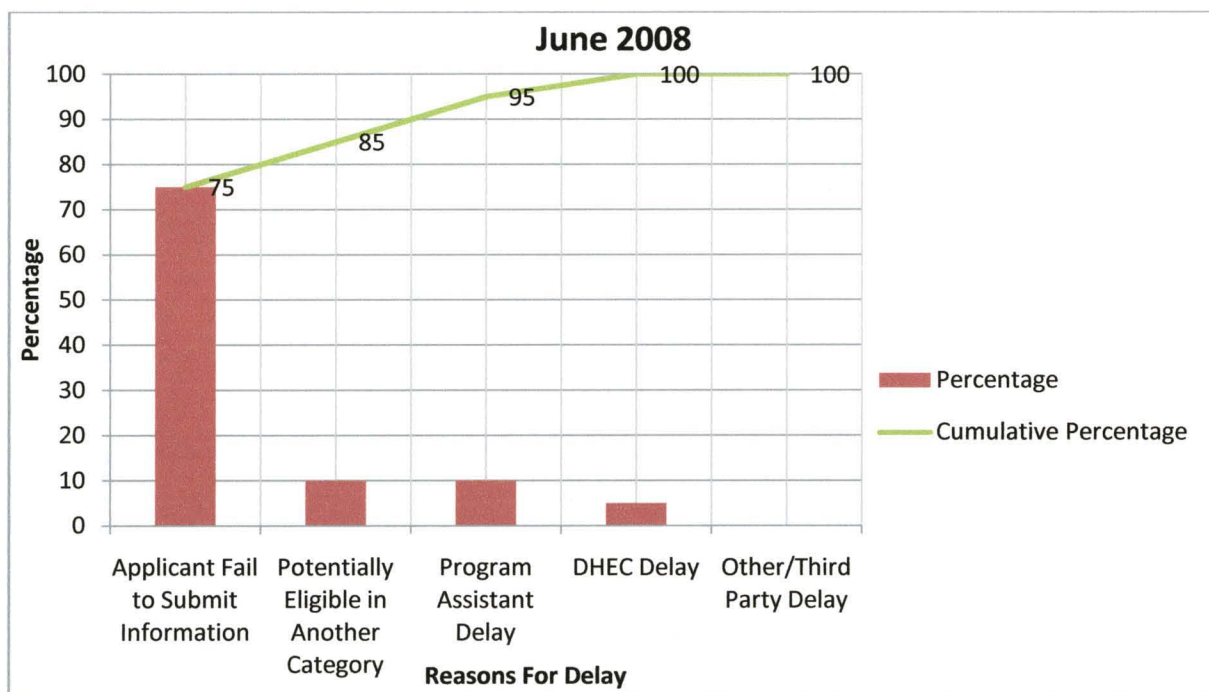


Figure 8-June 2008

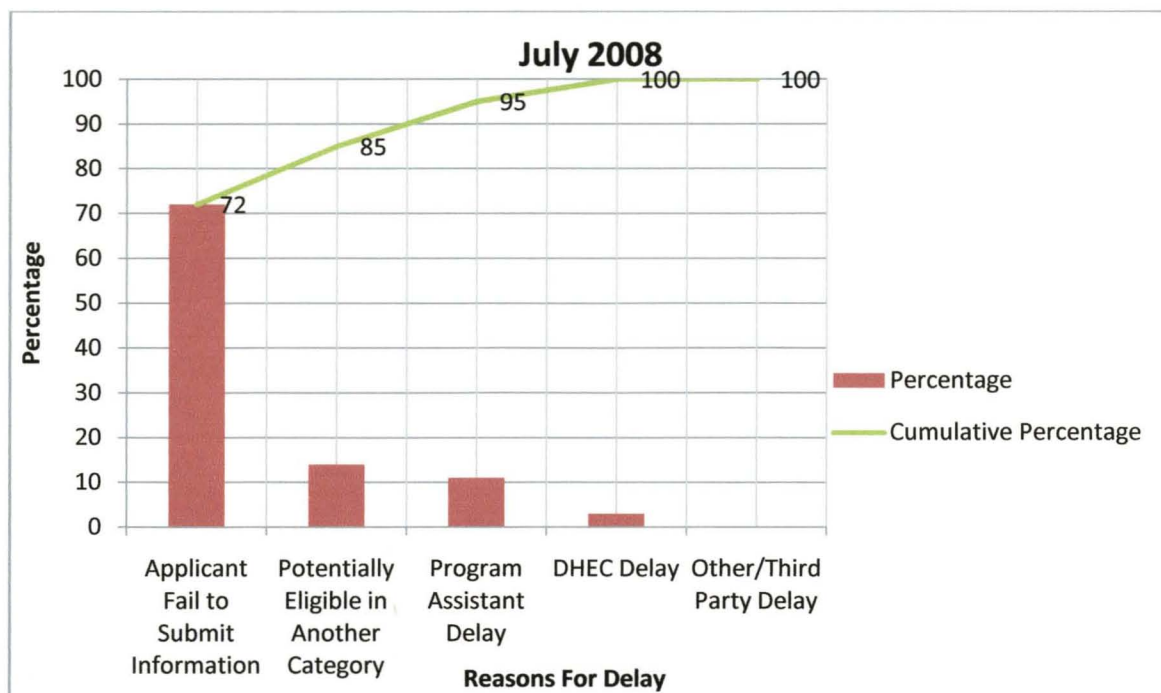


Figure 9-July 2008

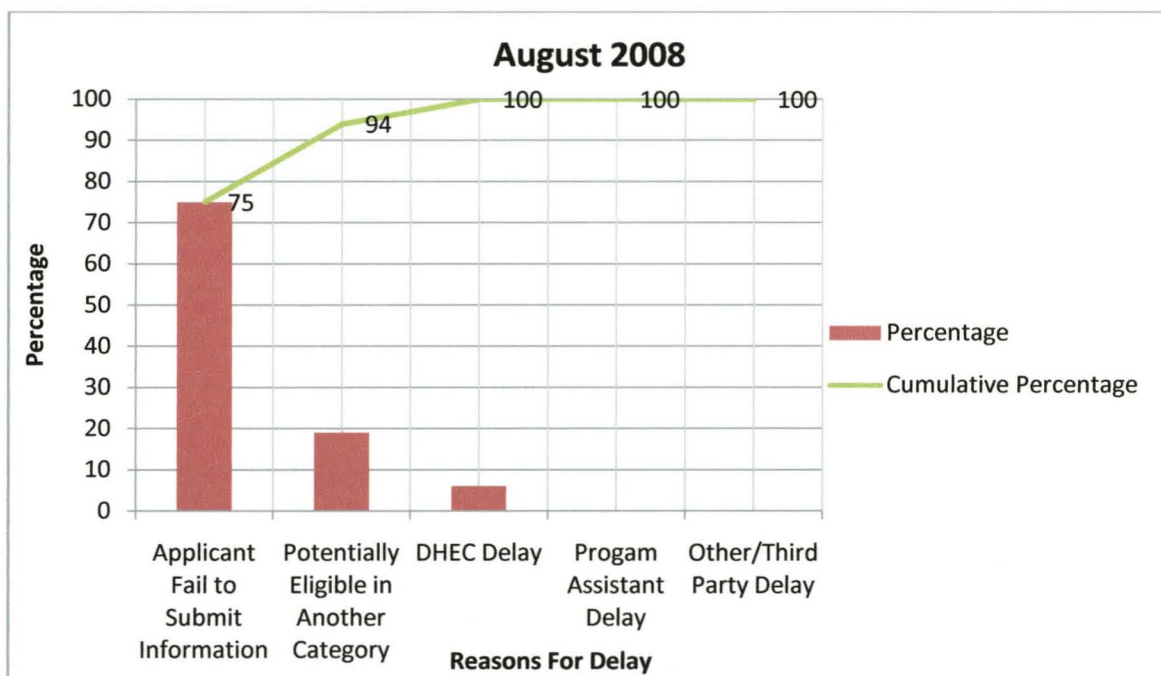


Figure 10-August 2008

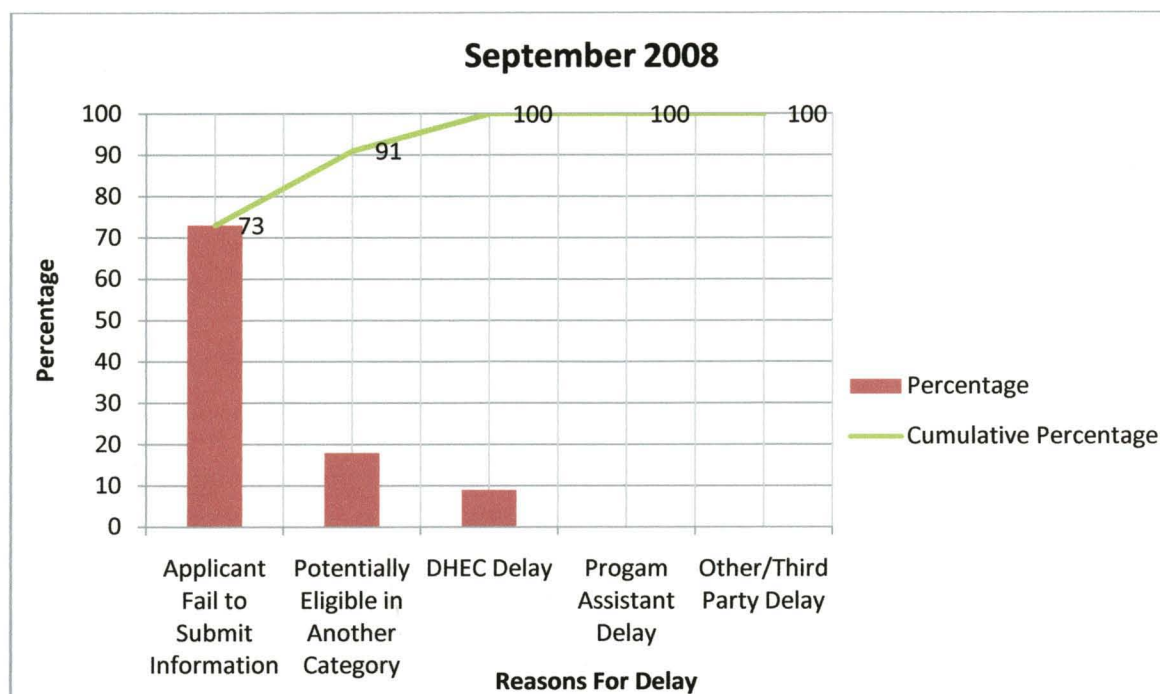


Figure 11-September 2008

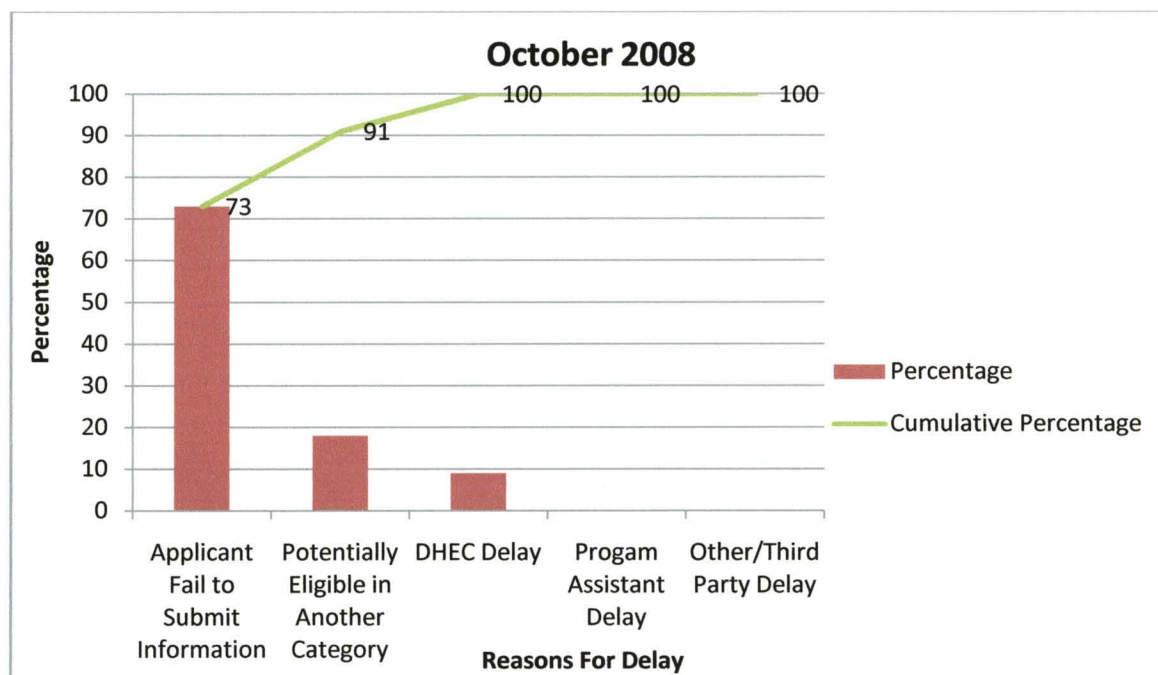


Figure 12-October 2008

Recommendations to Improve and/or Streamline the Breast and Cervical Cancer Program

(BCCP) Process

From January 2008 through October 2008 there were a total of 427 applications pending over the federal standard of forty-five (45) days to approve or deny the application from the effective date of the application.

Overall, seventy-five (75) percent of the overdue applications were attributable to the applicant's failure to submit the needed information; ten (10) percent were due to the applicant potentially eligible for another full Medicaid program; eight (8) percent were because of the Program Assistant, with all information received, unknown delay ; six (6) percent were attributable to DHEC's clinical staff delay and approximately one (1) percent were due to Other and/or Third Party delay to allow the application to be processed. However, the Program Assistant as a representative of the Department of Health and Human Services (DHHS) Medicaid program is responsible for upholding these federal rules and is accountable for not meeting the federal standard of processing the applications in a timely manner. The Query reports are easily accessible and updated every month and should be used as a resource to keep the Program Assistant and other eligibility workers aware of cases in overdue status.

The first recommendation to improve and/or streamline the Breast and Cervical Cancer Program (BCCP) process is for the Program Assistant to utilize the agency's reports such as the Query reports and the Medicaid Eligibility Determination System (MEDS) pending applications listing and all other resources available; to prioritize duties accordingly; and to implement a follow-up process prior to the 45th day or prior to denial. The follow-up process will consist of the Program Assistant contacting the applicant on the twenty-second (22nd) day regarding the

needed information via telephone or in writing giving the applicant approximately fifteen (15) additional days to return the requested information. The follow-up will serve as a reminder to the applicant regarding the needed information to process the application in order for services to be covered by the Breast and Cervical Cancer Program and as an opportunity for the Program Assistant to aid the applicant in acquiring the needed information (i.e. contact the Physician office to obtain the pathology report; give additional time to the applicant to get a certified copy of her birth certificate).

The second recommendation to improve and/or streamline the Breast and Cervical Cancer Program (BCCP) process is based upon the high volume of applications and an increased BCCP caseload is to add one (1) additional staff member, at an administrative level, to support the Program Assistant in the daily administrative duties. Administrative duties would include: entering the applications into the Medicaid Eligibility Determination System (MEDS) and Partners for Health Tracking System (PFHTS), faxing the applications and pathology report to the Department of Health and Environmental Control (DHEC) clinical staff, answering the telephones and so forth. This will allow the Program Assist to maintain required standards for the application and re-determination process and focus on the program, the applicants, and the Medicaid eligible clients.

However, due to budget reductions, Effective January 1, 2009, the Department of Health and Human Services (DHHS) has limited coverage to women, ages 40-64, screened through the South Carolina Breast Cervical Cancer Early Detection Program -Best Chance network (BCN). Option 3 of the Breast and Cervical Cancer Program (BCCP) has been eliminated. This affects the need for an administrative personnel and the number of new Option 3 applications. However, individuals currently eligible, prior to January 1, 2009, will continue to receive

coverage under Option 3 until treatment is complete or the individual becomes ineligible.

Eventually, once Option 3 is phased out, the administrative staff will not be necessary.

Depending on the financial situation and a new source of funding, Option 3 of the Breast and Cervical Cancer Program may be reinstated. If and when Option 3 is reinstated, the first recommendation will be immediately implemented. The follow-up process is simply having the Program Assistant contact the applicant prior to the 45th day or prior to denial of the application. The MEDS pending report listing will be retrieved and provided to the Program Assistant on a weekly basis and the Query report on a monthly basis. The Program Assistant will be given a due date to complete each report and return to the supervisor. The supervisor will ensure the report is updated and completed accordingly. These reports will be utilized to demonstrate that each application is processed timely and accurately in accordance with federal and state regulations in which will prevent a delay of services to the applicants. However, the second recommendation, to incorporate an administrative staff member, will take more time and effort to execute due to the process of mitigating the need for the position to upper management.

Overall, the first recommendation will take approximately thirty (30) to sixty (60) days to illustrate any results and/or improvement in the process for both the applicant and the federal standards. Once all measures are in place, this will prevent a delay in application processes as well as meeting the agency and federal standards of completing an application within forty-five (45) days from the effective date of the application in addition to providing services and medical treatment to the breast and cervical cancer applicants in a timely manner.